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CONFIRMATION NO. 4647

Bib Data Sheet

SERIAL NUMBER 10/659,520	FILING DATE 09/10/2003 RULE	CLASS 030	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. SB 1654
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APPLICANTS

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** CONTINUING DATA ***** 11P

** FOREIGN APPLICATIONS ***** 10P

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/03/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>sp</i> Initials				

ADDRESS

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TITLE

Water irrigated and articulated razor

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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